



Fees Paid: \$ _____
Date: _____

### **Food Service Application**

All items are to be submitted to the Lee County Health Department Environmental Health Division at 900 Woodland Avenue, Sanford, NC 27330. The North Carolina *Rules Governing the Sanitation of Food Service Establishments* require that plans be submitted for approval **prior to** construction/renovation/modification/change of ownership of such facilities by the local Health Department. Plans are reviewed using North Carolina's *Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600*. These Rules may be viewed at <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf> or obtain a copy from the Lee County Health Department, located at the above address. For additional information regarding facility design and layout, the webpage <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm> is available for viewing.

Plan for franchised, chain, and prototyped facilities are required to be submitted to the North Carolina Dept. of Environment and Natural Resources, Division of Environmental Health, Facility and Plan Review Unit, Room 1A109, 2728 Capital Blvd., Raleigh, NC 27604. Checks must be made payable to DENR/EHSS.

If you have questions, contact the following Food and Lodging Staff listed below at 919-718-4641:

**Shannon Cagle, REHS**  
**Reg. Env. Health Specialist**  
**Ext. 5330**

**Joe West, REHS**  
**Reg. Env. Health Specialist**  
**Ext. 5334**

Plans must be submitted with the following supporting documentation:

- \_\_\_\_\_ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, can wash facility, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- \_\_\_\_\_ Plans must include a site plan locating exterior equipment such as walk-in coolers and/or freezers, additional storage space, etc.
- \_\_\_\_\_ A complete equipment list and corresponding manufactures spec. sheets
- \_\_\_\_\_ A proposed menu
- \_\_\_\_\_ A completed Food Service Plan Review Application

### **Plan Review Fee**

\_\_\_\_\_ Foodservice Plan Review Fee-----\$250.00

Type of Plan: New \_\_\_\_\_ Remodel \_\_\_\_\_ Reopen \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website information: \_\_\_\_\_

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Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Owner (if different from Applicant): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant or Responsible Representative)

**Hours of Operation:**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**Number of Seats:** \_\_\_\_\_ **Facility total square feet:** \_\_\_\_\_

**Projected start date of construction/change of ownership:** \_\_\_\_\_

**Food Safety Knowledge:**

Is the Person in Charge (PIC) food safety certified? \_\_\_\_\_

**Types of Food Service:**

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Food Stand

\_\_\_\_\_ Drink Stand

\_\_\_\_\_ Commissary

\_\_\_\_\_ Meat Market

\_\_\_\_\_ Other (explain) \_\_\_\_\_

**Check all that apply:**

\_\_\_\_\_ Sit down meals

\_\_\_\_\_ Take-out meals

\_\_\_\_\_ Catering

**Utensils:**

Multi-use (reusable): \_\_\_\_\_ Single-use (disposable): \_\_\_\_\_

**Food Delivery Schedule (per week):** \_\_\_\_\_

Indicate any **specialized process** that will take place:

\_\_\_\_\_ Curing \_\_\_\_\_ Acidification (sushi, etc.) \_\_\_\_\_ Smoking

\_\_\_\_\_ Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Explain checked processes:

\_\_\_\_\_  
\_\_\_\_\_

Indicate any of the following **highly susceptible populations** that will be catered or served:

\_\_\_\_\_ Nursing/Rest Home \_\_\_\_\_ Childcare Center \_\_\_\_\_ Healthcare Facility

\_\_\_\_\_ Assisted Living Center \_\_\_\_\_ School with pre-school aged children or an immunocompromised population

**Water Supply:**

Type of water supply: (Check one)

- ☐ Non-public
- ☐ Community/Municipal
- ☐ Non-transient, non-community
- ☐ Transient, non-community

Is an annual water sample required of your establishment? (Check one)

- ☐ Yes
- ☐ No

**Wastewater System:**

Type of wastewater system: (Check one)

- ☐ Public sewer
- ☐ On-site septic system

Number of current seats: \_\_\_\_\_

Number of seats applying for: \_\_\_\_\_

**Water Heater:**

Manufacturer and Model: \_\_\_\_\_

Storage Capacity: \_\_\_\_\_ gallons

- Electric water heater: \_\_\_\_\_ kilowatts (kW)
- Gas water heater: \_\_\_\_\_ BTU's

Water heater recovery rate (gallons per hour at 100F rise): \_\_\_\_\_ GPH

If tankless, \_\_\_\_\_ GPM; Number of heaters: \_\_\_\_\_

\*Water heater calculator on the Plan Review Unit web page at

[www.deh.enr.state.nc.us/ehs/food/plan3.htm](http://www.deh.enr.state.nc.us/ehs/food/plan3.htm)**HOT HOLDING**Foods that will be held **hot** before serving: \_\_\_\_\_**COLD HOLDING**Foods that will be held **cold** before serving: \_\_\_\_\_**DRY STORAGE**

Frequency of deliveries per week: \_\_\_\_\_ Square feet shelf space: \_\_\_\_\_ sq ft

Is a separate room designated for dry storage? \_\_\_\_\_

**FINISH SCHEDULE**

Floor, wall and ceiling finishes (vinyl tile, acoustic tile, baseboards, FRP, etc.)

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Dry Storage				
Restrooms				
Can wash Area				
Other				
Other				

## **FOOD PREPARATION FACILITIES**

Number of food prep sinks: \_\_\_\_ Are separate sinks provided for vegetables/meats? \_\_\_\_

Size of sink drain boards (inches): \_\_\_\_\_

How will sinks be sanitized after use or between meat species? \_\_\_\_\_

## **DISHWASHING FACILITIES**

### **Hand Dishwashing**

Number of sink compartments: \_\_\_\_\_

Size of sink compartments (inches): Length \_\_\_\_ Width \_\_\_\_ Depth \_\_\_\_

Length of drain boards (inches): Right \_\_\_\_ Left \_\_\_\_

Are the basins large enough to immerse your largest utensils? \_\_\_\_\_

What type of sanitizer will be used?

Chlorine \_\_\_\_ Quaternary ammonium \_\_\_\_ Hot water \_\_\_\_ Other \_\_\_\_

### **Mechanical Dishwashing**

Will a dish machine be used? Yes \_\_\_\_ No \_\_\_\_

Dish machine manufacturer and model: \_\_\_\_\_

Hot water sanitizing? \_\_\_\_\_ Chemical Sanitizing? \_\_\_\_\_

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? \_\_\_\_\_

How many air-drying shelves will you have? \_\_\_\_\_

Calculate the square feet of total air-drying space: \_\_\_\_\_ sq. ft.

## **HANDWASHING**

Indicate the number and locations of hand sinks in the establishment: \_\_\_\_\_

## **EMPLOYEE AREA**

Indicate the location for storing employees' personal items: \_\_\_\_\_

## **GARBAGE, REFUSE, AND OTHER**

Will trash be stored in the restaurant overnight? Yes \_\_\_\_ No \_\_\_\_ If so, how will it be stored to prevent contamination? \_\_\_\_\_

Location and size of can wash facility: \_\_\_\_\_

Are hot and cold water provided as well as a threaded nozzle? \_\_\_\_\_  
Will dumpster be provided? \_\_\_\_\_ Do you have a contract with Garbage Refuse  
Company to replace dumpster as needed? \_\_\_\_\_  
How will used grease be handled? \_\_\_\_\_  
Is there a contract for grease trap cleaning? \_\_\_\_\_  
Are all doors self-closing? \_\_\_\_\_ Fly fans provided? \_\_\_\_\_  
Where will chemicals be stored? \_\_\_\_\_  
Where will clean linen be stored? \_\_\_\_\_  
Where will dirty linen be stored? \_\_\_\_\_

### **FOOD HANDLING PROCEDURES**

Explain the following with as much detail as possible. Complete descriptions include specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process.

Explain the entire food handling procedure for each food item on the proposed menu. Including:

- How the food is delivered (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

**FOOD PRODUCT** \_\_\_\_\_

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**FOOD PRODUCT** \_\_\_\_\_

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**FOOD PRODUCT** \_\_\_\_\_

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**FOOD PRODUCT** \_\_\_\_\_

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## **FOOD PRODUCT**

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**The following questions will test how much you already know about food safety. Please answer to the best of your ability and as clearly as possible so that the REHS understands what you are trying to explain.**

1. What are the final cook temps (F) of the following foods?
  - a. Chicken \_\_\_\_\_
  - b. Hamburger \_\_\_\_\_
  - c. Ground Sausage \_\_\_\_\_
  - d. Pork \_\_\_\_\_
  - e. Eggs \_\_\_\_\_
  - f. Steaks \_\_\_\_\_
  
2. Please place the following food items in order from top to bottom how they should be stored in a cooler and/or freezer: raw chicken, raw eggs, cooked vegetables, cooling food items, raw pork, raw hamburger, and beef steak.  
  
Top \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Bottom \_\_\_\_\_
  
3. Describe how to cool hot foods for next day's use. Explain procedure specifically, including time, temps to begin process, and size containers.
  
4. What minimum temperature (F) must leftovers be reheated to? \_\_\_\_\_
  
5. Describe sanitizing procedure for pots, pans, and other utensils. Be specific.
  
6. Describe how to sanitize cutting boards, prep tables, prep sinks, and knives before and after work begins in this area and when switching from one food to another. Describe products used for cleaning and sanitizing area and the contact time.

7. Please list hot holding and cold holding temperatures of potentially hazardous foods.

Hot Holding \_\_\_\_\_

Cold Holding \_\_\_\_\_

8. Describe how and when hands should be washed.
9. Describe sick employee policy.
10. Explain how to calibrate and use thermometer (including sanitizing of item).
11. Explain policy if there are cuts or burns on employee's hands
12. Explain procedure for preparing sanitizing solution.
13. Will and where will staff be allowed to smoke?
14. What distributors will be used?
15. Where will personal drinks be stored and how will they be stored?

**These questions must be answered properly to demonstrate the PIC is knowledgeable in food safety. The answers provided will determine whether the REHS proceeds to write a Permit/Transitional Permit.**